



**City of San Diego**  
**TITLE VI DISCRIMINATION COMPLAINT FORM**  
**Administration Department**

**PERSONAL INFORMATION NOTICE**

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular.

Name of Complainant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_ Work Telephone: ( ) \_\_\_\_\_

What is the most convenient time for us to contact you about this complaint? \_\_\_\_\_

Basis of Discriminatory Action(s):

- |                                       |                                  |
|---------------------------------------|----------------------------------|
| <input type="radio"/> Race            | <input type="radio"/> Age        |
| <input type="radio"/> Color           | <input type="radio"/> Sex        |
| <input type="radio"/> National Origin | <input type="radio"/> Disability |

If you have an attorney representing you, please provide the following information:

Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Date and place of alleged discriminatory action(s). Please include the earliest and the most recent date of discrimination:

How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently from you. (Attach additional page(s), if necessary).

Names of individuals responsible for the discriminatory action(s):

Names of individuals (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: Name Address Phone Number

Complete reverse side of form

The laws prohibit retaliation against anyone because he/she has taken action, or participated in an action, to secure rights protected by these laws. If you feel you have been retaliated against (separate from the discrimination alleged above), please explain the circumstances below. Please explain what actions you took which you believe were the basis for the allegation.

What remedy, or action, are you seeking for the alleged discrimination?

Have you filed, or intend to file, a charge or complaint regarding the matters raised in this complaint with any of the following?

☐ Yes ☐ No If yes, check all that apply:

☐ U.S. Equal Employment Opportunity Commission

☐ Federal or State Court

☐ Department of Fair Employment and Housing

☐ Federal Highway Administration/ U.S. Dept. of Transportation

☐ Federal Transit Administration/ U.S. Dept. of Transportation

If you have already filed a charge or complaint, please provide the following information:

Agency/Court: \_\_\_\_\_ Attorney Name: \_\_\_\_\_

Address: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Address: \_\_\_\_\_

Case Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date of Trial/Hearing: \_\_\_\_\_

Status of case:

Please provide any additional information that you believe would assist in the investigation:

Note: The use of the complaint form is not mandatory. You may submit your complaint in any form that includes your signature. Please sign and date the complaint form below.

**Signature of Complainant:**

**Date:**

**ADA Notice:** For individuals with sensory disabilities, this document is available in alternate formats. For information call (619) 533-6387 or write Administration, 202 C Street, MS 9A, San Diego, CA 92101.

## **TITLE VI DISCRIMINATION COMPLAINT (INSTRUCTIONS)**

CITY OF SAN DIEGO • ADMINISTRATION DEPARTMENT

This complaint form is designed to assist any individual, group of individuals, or entity interested in filing a discrimination complaint with the City of San Diego (City). If the complaint is against the City, it will be forwarded to the appropriate federal agency for investigation.

Title VI of the Civil Rights Act of 1964 and related statutes (Title VI), prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in connection with programs or activities receiving federal financial assistance from the United States Department of Transportation, Federal Highway Administration and/or Federal Transit Administration. These prohibitions extend to Caltrans as a direct recipient of federal financial assistance and to its subrecipients, consultants, and contractors, irrespective of tier, whether federally funded or not.

The City is also required to implement measures to ensure that persons with limited English proficiency and persons with disabilities have meaningful access to the services, benefits, and information of all its programs and activities under Executive Order 13166 and the Americans with Disabilities Act of 1990 respectively.

A complaint may be filed by any individual, group of individuals or entity that believes they have been subjected to discrimination or retaliation based on their race, color, national origin, age, sex or disability. The complaint must be submitted in writing. It must also be signed and dated by the individual or his/her representative for acceptance. As a convenience, you may use the enclosed Title VI Complaint form. Your complaint must be filed no later than 180 calendar days from the most recent date of the alleged act of discrimination unless the time for filing is extended.

Upon request, assistance will be provided if you are limited English proficient or disabled. Complaints may be filed using alternative formats, such as computer disk, audiotape or in Braille. For TTY customers, dial 711 to reach the California Relay Service. You will be asked to give the telephone number you are calling.

You also have the right to file complaints with other State or federal agencies that provide federal financial assistance to the City or to seek private counsel.

Once the complaint is filed, it will be reviewed by the City of San Diego, Administration Department located in San Diego, CA. The Administration Department will provide written acknowledgement to the complainant within five days of receiving the complaint by registered mail. Every effort will be made to obtain early resolution of complaints at the lowest level possible.

The City and its subrecipients, consultants, and contractors, irrespective of tier, are prohibited from retaliating against any individual because he or she opposed an unlawful policy or practice, or made charges, testified, or participated in any complaint action under Title VI, the Restoration Act of 1987 and other nondiscrimination authorities.

Submit the original signed form or letter in person or by mail to:

City of San Diego  
Administration Department  
Discrimination Complaint  
202 "C" Street MS 9A  
San Diego, CA 92101

Telephone Number: (619) 533-6387  
Fax Number: (619) 236-7344  
TTY: 711

For more information, please visit the City's web page: <http://www.dot.ca.gov/hq/bep>.